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ORIGINAL DEPARTMENT.

Communications.

SOME REMARKS ON DELIRIUM TREMENS, WITH CASES.

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There has been a considerable amount of delirium tremens in the command at this post, in some measure, perhaps, owing to the villanous character of the liquid ordinarily sold under the misnomer of "whiskey," and to the facility with which it can be procured, despite our best attempts at disciplinary prophylaxis. From among quite a number of light ordinary cases, readily amenable to treatment, I select, for report, two very severe ones, which are not only intrinsically interesting, as exhibiting different phases of the disease, but which may also tend to illustrate some therapeutic points, touching the case of chloroform internally administered *versus* opium or its alkaloids, which has so deservedly attracted attention of late.

The question is one of first-rate consequence. Witness the frequency of the disease, and its often formidable character; particularly in the military and naval service, where orgies are sometimes conducted with a vigor of determination not ordinarily exercised by civic bacchantes. It is not notorious, that although the majority of cases we meet with will yield to opium in some form, there are many not thus amenable. And if, as there is reason to believe, we have in chloroform an agent potent enough to grapple with these aggravated cases, by all means let the fact be known, and the reputation of the drug be wide-spread.

I have been much interested in the discussion of the subject, which has been carried on, *passim*, in the REPORTER; and particularly in the able and lucid article by Dr. E. McCLELLAN, U. S. A., to which I shall presently again refer, and hope the present article may invite other trials of the treatment by chloroform, and provoke additional reports and discussions.

Case 1. Private K, "had been drinking off and on for several days, before he took the horrors," and was admitted to hospital. He answers questions with much rationality, though his memory is confused. Quietly undresses, goes to bed, asks my opinion of his case, and thinks he could eat some supper. There is no mania, no delirium, nor scarcely any tremor, except when he is suddenly spoken to. He is very thirsty. There is nothing noticeably out of the way with the tongue, pupils, skin, or secretions. In fact, to superficial observation, there is little indicative of the violence of the onslaught of the disease, which, in this case, has scarcely had a period of excitement, is now marked by extreme debility, and is of the low, quiet, muttering, "asthenic" phase or type. He "thinks he would be all right, if he could only sleep." Gave morphine sulph., gr. ss., every half-hour until effective; as it is after three doses. He sleeps, but uneasily, with frequent muttering and picking at the bed-clothes, and occasional startings up; when he timorously and aimlessly examines the bed and its surroundings. Such continues to be his general condition for three days. His appetite has been sufficient, but the assimilative function seems to have been all along inactive, almost inert, and there has been repeated emesis. Nourishment has been given in light concentrated form—beef-tea, milk, etc., in small amount, frequently repeated. The bowels have moved, the bladder has been duly evacuated. The treatment has been morph. sulph., gr. ss., p. r. n. At midnight of the third day, without special premonition, violent delirium supervenes, followed in a few hours by coma, and death at 7, A. M.

Autopsy, ten hours post mortem. On stripping off the calvaria, the dura mater is found to be greatly congested, and of a livid, bluish color; and its vessels so intensely engorged, that in several places they appear to have ulcerated, for very dark blood trickles freely from small openings in several of its larger veins. The vessels of the pia mater are unduly injected. There is moderate sub-arachnoidean effusion; none of consequence in the cerebral ventricles. The red points throughout the brain substance are numerous and conspicuous. The heart is

normal in size and tissue; the ventricles are distended with black blood, and large yellow fibrino-albuminous clots extend from each some distance into the aorta and pulmonary arteries. The lungs seem healthy in tissue, but are collapsed and shrivelled, by no means filling their allotted space in the thorax. The stomach is flabby, distended, not contracted on its contents; its mucous coat gray, studded with bright patches and points of inflammation. The liver is slightly enlarged, somewhat unduly softened, yellowish in color, its cholecyst distended with bile, which has deeply tinged the neighboring parts.

Case 2. Private D. had been drinking continuously for perhaps two weeks, when he was semi-sobered in the guard-house, and made one of a squad sent some fifty miles on detached service. There he re-commenced his debauch, but was suddenly confronted by "the horrors." While being conveyed in the cars to my hospital, he was unmanageably violent, even attempting the life of the officer in charge. But he walked naturally and quietly into my office, and politely requested me, as he took a chair, to dress a wound on the back of his head, from which, he said, the blood was streaming. The supposed wound exists only in that seething cauldron of morbid imaginings whose visible ebullition we call delirium tremens. This is a case of the violent, maniacal, "sthenic" phase or stage of the disease, and it is at a period of high exacerbation. Put the man in bed, restrain him if necessary. Give morphine sulph., gr. ss., every half-hour until effective. Eleven, P. M., three grains have been taken without visible effect. He believes he is dead, and undergoing the punishment of the damned; occupies himself alternately with loud praying and swearing; and piteously begs the imps to leave him alone; twists his body into fantastic contortions; continually essays to get up, but is easily soothed and restrained. His attention can be momentarily fixed, but soon wanders. There is a queer mixture of cowardice and cunning, of timidity and ferocity, in all his actions. Nothing is noticeably wrong with the functions of organs other than the brain, except the profuse sour perspiration. Administer chloroform f.ʒss; no visible effect; a second dose after half an hour; and in ten minutes more the man is perfectly quiet, sleeping naturally. The respirations are very slow, but easy; pulse good; skin moist; and he sleeps quietly till morning. Awakes refreshed, with scarcely an indication of the disease, except a muddy memory, and that peculiar wild and wandering look of the eyes, difficult to describe,

but once learned never forgotten. "Feels well, only weak and dizzy-headed." Thinks he can eat breakfast, but shortly vomits what he has taken. Is put upon light concentrated nourishment—a little to be taken very frequently. Continues well through the day; sleeps through the following night with a single dose of morphia, and dresses next morning at the usual time. Is quite rational; and is allowed the liberty of the hospital, which he abuses to clandestinely procure whiskey. At night the disease returns with redoubled force. It requires two men to restrain his maniacal violence; if their vigilance relaxes a moment, he bounds into the middle of the room. The sour perspiration is profuse. He is given four one-drachm doses of chloroform, at intervals of half an hour, with no visible effect but the production of repeated emesis; after which he cannot be coaxed nor forced to take more. It becomes necessary to use mechanical restraint; perforce he is quiet, though sleepless, till morning. At 9 A.M., is quiet and much exhausted; the manacles are removed. Toward noon the maniacal delirium, and preternatural strength return. An attempt to administer chloroform by inhalation is unsuccessful. He is given internally, f.ʒss. of this agent at a dose; but straightway vomits it. Is now given a grain of morph. sulph., at a dose, as a dernier resort. The action of one, or both combined, of these agents, is immediate; he drops into a profound, atropoid sleep, from which it seems doubtful if he will awake. The eyelids are half closed; the pupils firmly contracted; the respirations six or eight per minute; inspiration being slow, long drawn, and with a peculiar loud crowing sound; and expiration shorter, noiseless. He cannot be aroused by speaking or flagellation; and appears moribund—as much, perhaps, from the large dose of morphia, as from the disease. Still he lives on; and the thermometer placed in the axilla, does not indicate the high temperature of the skin, said to prognosticate unfavorably in this and other diseases. Awakes about dusk in the evening; soon sleeps again, and soundly, until morning: when he awakes refreshed and rational; and the disease has been finally mastered.

This patient, for several days, complained of a feeling in his head, which, from his description, I could readily believe to be produced by a condition of the cerebral meningitis, somewhat approaching that observed, post-mortem, in case 1. He also suffered for some time from palpitation of the heart; which I have noticed as a common sequela of the disease in other cases. He quite recovered, and was returned to duty in ten days.

In the first of these cases, morphia proved quite unequal to the emergency as has been seen; and, though I think the case would have terminated fatally under any treatment, it is just possible that chloroform might have been effective. In the second, morphia, at the outset totally failed; and chloroform acted admirably; later, chloroform was totally ineffective; and it remains an open question, whether the final success should be attributed to the one or the other, or to the joint operation of both.

It is universally known and conceded, that in delirium tremens are found two main aberrations from a healthy standard: 1st. A morbid operation of the "thought-function" of the brain; *i. e.* that organ loses its power of rightly resolving perception into conception, and deducing logical conclusions therefrom, as well as of originating healthy ideas; for perceptions are blunted and distorted, conceptions are vague and meaningless, and a host of morbid mental phenomena are engendered. 2d. A total inertness, or at least inactivity of the nutritive function; for though a patient may eat well enough, but very little can be assimilated. These are the main consequences of the action of alcohol upon the brain and stomach respectively; other symptoms, as tremor, etc., are but accompaniments, and of themselves comparatively inconsequential. The resulting therapeutic indications seem patent: first, suspend for a time the thinking operation of the brain; that is, those of its functions which relate to mentality, as contra-distinguished from physicality. Secondly, restore the tone of the digestive and assimilative organs. If these indications can be fulfilled, the whole train of morbid phenomena will generally be soon dispelled.

Sleep is unquestionably and indisputably the medium through which we attain the fulfilment of the first indication, and effect subjugation of the cerebral excitement. If a man with fully developed delirium tremens cannot be made to sleep, he will be likely to die. Some preparation of opium will ordinarily accomplish the desired end, and is the agent usually administered. But sometimes every form of the drug will prove ineffective; and then, unless some other means can be found to aid nature in conquering the disease, there seems small hope for the patient. Evidence is daily accumulating to substantiate the claims of chloroform to some potency of remedial power in this disease, not possessed by any other known agent; and tending to prove that it may eventually wrest the laurels from opium in almost any case of this disease; to the treatment of which it seems, by several of its properties

and powers, peculiarly well adapted. Its physiological and therapeutic operation is now pretty well understood, and therefore in a corresponding degree under our guidance and control; and there is no reason for that hesitancy and distrust regarding its use, which is so prevalent. It can kill a man, of course, and that too with marvelous ease; but with ordinary discretion, may be so introduced into the lungs or stomach, as to act both with great power and entire safety.* Chloroform has had to contend against a sort of *noli me tangere* reputation, from which it is high time to rescue it; as well might one inveigh against a long sharp catlin, because, in bungling hands it too can kill!

The second indication,—to restore the impaired or temporarily inert digestive function,—is one, perhaps, of an importance not much inferior to that of the first; but unfortunately, oftentimes does not receive that careful attention it merits; perhaps because the evidences of its presence are unobtrusive, and overshadowed by the violent manifestations of the cerebral difficulty. In this connection I cannot do better than transcribe Dr. McCLELLAN's vigorous and graphic words: "By the constant presence of alcohol, the stomach has lost its tone, and among those in whom the disease occurs but little food is taken at any time, while during a debauch it is almost entirely abstained from. * * Inanition is therefore a serious complication." The length of time that the vital powers will sometimes act solely upon the spur of alcohol is surprising. My brother, Dr. S. F. COUES, of the navy, informs me that he has known instances where men have for two or three weeks taken almost no food at all. When the jaded system can no longer be goaded on, and at last succumbs, is it to be wondered that it is found to be in a state of debility which may fairly be called inanition? Alcohol, at first prime instigator by its presence in the brain, is now only joint operator with the absence of natural nourishment in producing the train of morbid phenomena. If a man has low muttering delirium, and aimlessly fumbles with the bed-clothes, or feels in his drawers for a fancied something, with idiotic persistence, does it not indicate the shallowness and paucity of the sole ideas his enfeebled brain can generate, and point to a corresponding debility and enervation of other functions,

* I think that an overdose in the stomach would most likely be quickly rejected by vomiting. My observations regarding its operation in producing or relieving gastric irritation, are directly at variance with those of Dr. McCLELLAN, in whose hands it has given "prompt relief of nausea, and arrest of vomiting."—*REPORTER*, xv, p. 133.

particularly that of nutrition? I am confident that the real severity of the disease is by no means proportionate in every case to the violence of its manifestations, and think that oftentimes in the absence of acute delirium there may still be much danger. By all means, let the patient be well nourished, by some concentrated diet, of which a very little may contain much nourishment, for the stomach will rarely tolerate much in bulk. "A very small quantity, very frequently repeated," generally proves a maxim as excellent in practice as it is sound in principle; and one which applies with peculiar force to those cases in which debility is well marked.

Columbia, S. C., Jan. 10, 1867.

BIOGRAPHICAL SKETCHES OF Distinguished Living New York Physicians.

By SAMUEL W. FRANCIS, A. M., M. D.,

(Fellow of the New York Academy of Medicine.)

XIII.

Horace Green, M. D., LL.D., etc.

"It was his greatest pleasure to spread his healing wings over every place, and to make every one sensible of his good will to mankind."—*Culamy.*

DR. HORACE GREEN was born at Chittenden, Rutland County, Vermont, December 24th, 1802; and died at Greenmount, Sing Sing, New York, November 1866, aged sixty-four.

He was the son of ZEEB and SARAH GREEN, and had four brothers, JOEL, ORANGE, ALMON, and REED, and four sisters, by name, SARAH, POLLY, RHODA, and LAURA. On arriving at the age when mental development is permissible, he was sent to the High School at Brandon, Vermont, and subsequently profited by the instructive guidance of SAMUEL WALKER, who presided over the classical school in Rutland. In Nov., 1821, when 19 years of age, he received from this gentleman a certificate of "his qualifications to instruct an English school," which testimonial likewise included the statement, that "his urbanity of manners forbade him to exercise an act of cruelty." Certain necessities urged his immediate efforts toward the great business end of a practical life, so that, much to his regret, he was prevented availing himself of the advantages of a collegiate education. But this did not prevent a laudable recognition of his mental attainments, for in after from Union College, Schenectady; and in 1853, years he received the honorary degree of A. M., was further honored, by having conferred upon him the degree of LL.D., by the University of Vermont, at Burlington.

Dr. GREEN having decided to become a medical man, entered with zeal upon his apportioned

duties; attended faithfully the lectures of the professors of Castleton College, Vermont; and was formally graduated M.D., at Middlebury, Vermont, in 1824. During his labors as a student, he entered his brother's office, and after receiving his diploma he became a partner where he continued to practice six years. Not feeling altogether satisfied with his scientific field of observation, he visited Philadelphia, and there attended two courses of lectures, returning to Rutland, where he followed his profession for five more years. About 1838 he decided to take up his residence in New York city; but before settling down as a permanent practitioner of that metropolis, he desired to add to his already experienced mind, the statistics of the hospitals abroad. So he left America for European ports, and visited England extensively, making a very profitable sojourn in Scotland. He then travelled over to the Continent and spent several months in Paris, where he made it a conscientious practice to visit the principal hospitals daily.

This sojourn abroad proved of great benefit to the doctor's health, and added much to his knowledge of disease. It was so fully appreciated by him, that, in 1851, he made another trip, remaining absent from this country some three months, during which period he passed his time most satisfactorily. While making a careful investigation of the course of treatment in the principal cities of Great Britain and France, and spending a short time in Switzerland, much of his pleasure while in Europe was due to the courteous attention which he secured from the members of the medical profession. And most certainly, no man who has been witness of the perennial kindness of one doctor toward another, when in distress, occasioned by sickness, can fail to acknowledge that no "Brother Mason" does more for his fellow-man, than an honorable member of our glorious profession. Did the community at large, know of the amount of gratuitous work that is accomplished every year by the medical men of our country toward those confined in hospitals; the many weary hours spent at the bedside of afflicted clergymen; or the numerous visits paid—with cheerful countenances—to disabled doctors, demanding for pay but justice and gratitude; the name of doctor, would, very properly, be deemed the true legion of honor in this country!

Dr. GREEN married Miss MARY SIGOURNEY, daughter of Honorable James Butler, Rutland, Vermont, 1829, and had one living child. By his second wife, HARRIET S., daughter of JAMES H. DOUGLASS, Esq., of Waterford, New York, he had

twelve children, four of whom died in infancy and childhood. His widow now survives him and seeks comfort from a heavenly source. Beautiful indeed is religious resignation, associated with a patient waiting for a better world. We did not ask to be born, and we should not ask to die. Pleasing must it be for his surviving family, to remember that Dr. GREEN was early impressed with the comforts of faith, and the benefit of religion. As early as 1829 he made a public profession of his convictions, and joined the Congregational church at Rutland, Vermont. On coming to New York, he became a professed member of the Presbyterian church in Duane Street, over whose flock Dr. PORTS presided in a pastoral way. When this congregation removed to a suitable building in University Place, he was formally elected an elder by the members, and held this position till his death. Dr. GREEN never smoked, and was opposed to tobacco in all its forms, besides being for a long time a strong advocate of the temperance cause. But he also agreed with Leigh Hunt, that there may be such a thing as intemperate temperance. If any taste occupied his mind when not engrossed with the studies of his profession, it was nature and the pleasures of a rural freedom. Not infrequently during a laborious life, he would retire from his responsibilities, and, wandering amid mountain paths, or by running brooks of freshest water, secure additional luxuries for his table by the use of rod and gun, in the employment of which he excelled as an amateur.

Dr. GREEN was particularly interested in the diseases of the throat and air passages, and their treatment by what is known as topical medication. This special interest was the subject of close investigation during the last fifteen years of his life. In 1856, he published a report on 106 cases of pulmonary diseases treated by injection into the bronchial tubes, with a solution of nitrate of silver, and was consulted by many persons on the subject.

In 1840 he was duly elected professor in Castleton Medical College, and continued to lecture to the students till 1843. In 1850 he lent material and efficient aid in founding the New York Medical College, and was appointed President of the Faculty and Trustees; holding, also, the responsible position of Professor of the Theory and Practice of Medicine, and subsequently that of Emeritus Professor. In 1854 he associated himself with others, in establishing the "American Medical Monthly," being intimately connected with the editorial department till 1857; after which period he continued to contribute occasional

articles till it ceased to exist. Dr. GREEN resigned his Professorship in the New York Medical College in 1860, at the earnest solicitation of his family, as his health seemed to be impaired by continuous labor.

As a child, he experienced much suffering from severe attacks of headache, which troubled him more or less during the better part of his life, until the last few years. Neuralgia, at times, was the source of much pain; but at an early period he became impressed with the idea that he would die of consumption; and this conviction contributed not a little in causing him to study carefully the diseases of the chest and the best remedial agents for affections of that character. Several of his sisters and one brother died of phthisis; showing that he was justified in his apprehensions. It was a frequent remark of his, that it would be but the traditional fulfilment of an old saying, if he died of the disease he was striving to cure.

In the summer of 1860, premonitory symptoms of disease—attacks of prolonged wakefulness and loss of vigor, becoming fatigued in a short time—began to indicate that the mental activity and physical labors he had undergone were telling on his constitution; but for two years he paid little attention. A friend of the doctor's writing to me on the subject, remarked, that "The exciting events of the war made a deep impression upon his mind, inducing at times great depression, although he never doubted the issue of the contest. It was a great trial to him to be unable to do as his forefathers had done—bear arms in his country's defense; and he had no sons old enough to send to the war."

In 1863, on returning from Washington, D. C., whither he had gone to break up a cough which was troubling him, he experienced a slight attack of paralysis of the left side, accompanied with a general loss of nervous power. The warning roused him to make an effort in his own constitutional behalf. He had gone to bed in very fair health; but on arising in the morning, found it very difficult to walk. He took passage for the Island of Cuba, where he passed the winters of 1863-4 and 1864-5. During his sojourn, there had been such marked improvement that he found himself able to treat many patients who sought his aid. But this renewed power did not last long. The pleasant surroundings of new objects of curiosity and interest, combined with a mild climate, proved but temporarily beneficial; for he gradually failed, becoming feebler and more lame from time to time, though he never lost all power of motion.

His practice gradually became confined to office patients, and in time his visits there even were less frequent, his last being paid only five or six weeks previous to his death. Much of his professional business was carried on by his brother-in-law, Dr. DOUGLASS. Even in his final visit to his library, he gave medical advice to a lady who had come from Philadelphia to seek his aid. But during the last four weeks of his life, he was obliged to remain in bed, not from pain, but incapacity of movement; his principal difficulty being that of "wearisome days and nights," and a general prostration of the nervous system, of which he died on the eve of Thanksgiving Day, conscious to the last, and without a struggle.

Dr. GREEN's height was 5 feet 11 inches, and his weight, for many years, varied from 140 to 145 pounds.

He was a Corresponding Fellow of the London Medical Society, and member of the American Medical Association, Fellow of the New York Academy of Medicine, and member of the Society of the "Cincinnati."

Dr. GREEN's published works are:

1. Observations on the Influence of Malarious Atmosphere in the Prevention and Cure of Phthisis Pulmonalis. In New York Journal of Med. and Surg., January, 1840.
2. Effects of Ergota in Parturition, with cases. New York Journal of Med. and Surg., January, 1841.
3. Treatise on Diseases of the Air-Passages. 1846. This work has gone through three editions.
4. Pathology and Treatment of Croup. 1849.
5. On the Surgical Treatment of Polypi of the Larynx, and Oedema of the Glottis. 1852.
6. Treatment of Epilepsy. New York Medical Gazette, March, 1853.
7. Priority in Medication of the Larynx and Trachea. American Medical Monthly, April, 1854.
8. Some Important Observations on Aphonia, arising from Organic Lesions. Read before the London Medical Society, by its Secretary, at its session in April, 1854, and printed in American Medical Monthly, August, 1854.
9. Remarks on Croup and its Treatment. American Med. Monthly, June, 1854.
10. On the Employment of Injections into the Bronchial Tubes, and into Tubercular Cavities of the Lungs. Amer. Med. Monthly, Jan'y, 1855.
11. Report on the Use and Effect of Applications of Nitrate of Silver to the Throat, either in local or general diseases. Transactions of the American Medical Association, October, 1857.

12. Selections from the Favorite Prescriptions of living American Practitioners. 1858. This work was translated into French.

13. Croup; its Treatment by Cauterization and Catheterism of the Larynx. American Med. Monthly, February, 1859.

14. On the Difficulties and Advantages of Catheterism of the Air-Passages in Diseases of the Chest. Amer. Med. Monthly, February, 1860.

15. A Practical Treatise on Pulmonary Tuberculosis. 1864.

CASE OF ACUTE RENAL CONGESTION.

By JAMES B. BURNET, M. D.,

House Physician, Bellevue Hospital, New York.

J. B. B. aged 23 years, a native of the United States, and single, was born of healthy parents; and there is no known hereditary predisposition to disease in the family. He, himself, had the usual diseases of infancy and childhood, but with these exceptions, has never had any illness whatever, up to the middle of October 1866. At this time he took a heavy cold which seemed to settle in his back. He had considerable pain here, and in about a week, stiffness made its appearance in his lower extremities, and whenever he sat for a long time, his limbs would be so stiff that it was with difficulty he could walk. He attributed these symptoms to muscular rheumatism. At the same time he had an almost constant headache, and his appetite was exceedingly capricious. His bowels were costive, and his urine rather high colored. He felt drowsy; his mind tired easily; and his friends told him that he was growing anæmic, but still he felt no solicitude about himself. The pains in the back, and the stiffness in the limbs still continued. He was occasionally troubled with vertigo. Thus he went on until the morning of Nov., 14th, when, upon arising from his bed, he noticed that his face was considerably oedematous, the puffiness being well-marked about the eyelids. His friends also observed this, and inquired the cause. Being a physician, his attention was at once directed to his kidneys, and upon a further examination of his body, he discovered that his legs and hands were also somewhat oedematous. Upon examination, his urine was found to contain a slight amount of albumen, but no casts could be discovered. His head ached violently, and in the evening he had a severe attack of vomiting. During the night he was very restless; he could not sleep; his bones ached, and he had considerable fever upon him. He was also prostrated from much nervous excitement. In the morning,

his face and lower extremities, were still more œdematous. There was great puffiness about the eyes, and his whole face presented a pale, bloated, and unnatural appearance. His conjunctivæ were slightly congested, and his headache and vertigo increased. His urine—he having passed but five ounces from 7.30, P. M., of Nov. 14th, to 8.30, A. M. of Nov. 15th—was of a very high color, and was found to be loaded with blood, and to contain more albumen than on the preceding evening. Its specific gravity was 1.020. Several careful microscopical examinations failed to detect the existence of any casts. When he arose, his tongue was heavily coated, his skin hot, and his pulse 112, which was increased to 120 by 10 o'clock, A. M. On his way to his residence, which was in another city from the one in which he was taken, he experienced considerable confusion of ideas, and very great muscular debility. The treatment immediately commenced, was a hot air-bath, and mustard to the feet. This produced soon a profuse perspiration, which was kept up for about one hour and a half. Five ounces of blood were taken from over the region of the kidneys by means of wet cups. Ten grains of jalap with twenty of bitartrate of potassa were administered, having been preceded by a small dose of calomel and digitalis. This had the effect of freely moving the bowels. The hot-air bath greatly reduced the œdema, but also prostrated the patient considerably. The perspiration had a strong urinous odor. During the night he found it impossible to obtain any sleep. Small doses of spirits nit. dulc., were taken, but had no effect. Palpitation of the heart with considerable pain in the præcordial region, soon made its appearance, and was somewhat relieved by the application of strong mustard-plasters and hot bran poultices. Anodyne poultices, were also employed afterwards with benefit. Great dyspnoea also troubled him, with sharp cutting pains through both sides—especially under the free borders of the ribs whenever he attempted to take a long breath. Upon careful examination, no evidences either of pericarditis or pleurisy, could be detected.

Friday, Nov. 16th. Œdema less. Had four more ounces of blood taken from the region of the kidneys, and took another hot-air bath, which exhausted him considerably. Took during the day, about $\mathfrak{z}\text{j}$. of potassæ bitart. Dyspnoea and pain in the chest increasing. Croton oil liniment, rubbed over the anterior part of the chest. Anodyne poultice over the heart. Counter-irritation over the kidneys, is kept up by means of mustard poultices. No sleep was obtained during the

past night. Has passed eight ounces of urine in the last 14½ hours.

Saturday, Nov. 17th. About the same; dry cupping over the kidneys. $\mathfrak{z}\text{ss}$. of potassæ bitart. is taken three times a day. No hot-air bath is administered, as he is too much debilitated. Compound iodine ointment, twice a day, is thoroughly rubbed into his chest both anteriorly and posteriorly. His diet consists of milk, arrow-root, toast and cold tea. During the past 24 hours, 13½ ounces of urine were passed.

Sunday, Nov. 18th. Took another hot-air bath, which made him feel worse, and brought on a severe headache. Dry cupping, applications of iodine ointment, and internal administration of potassæ bitart., are continued every day. Mustard plasters are applied to the back of the ears for the severe headache. 12 ounces of urine passed during the last 24 hours.

Monday, Nov. 19. Suffers with much thirst. For this, he is allowed small quantities of ice and cold carbonic acid water. He has had very little fever; his pulse not having much exceeded the normal number of beats in the minute since the first day of his illness. When he felt somewhat feverish, he was allowed small quantities of the effervescent mixture—prepared by mixing carbonate of potassa with lemon juice—which proved exceedingly grateful. His urine was again, to-day, carefully examined, with the following result: color was of a dark bloody hue; specific gravity 1.027; a trace of albumen, less blood than on the previous examination, and two or three blood casts were found. 10 ounces of urine were passed during the last 24 hours.

Tuesday, Nov. 20th. He feels much better. Swelling almost entirely disappeared. Appetite good. Took two scidlitz powders, as the bowels were costive. Good deal of dyspnoea yet, and headache. Also, considerable pain in attempting to take a long breath. On percussion, some little dulness could be discovered at the base of the left lung, but the respiratory murmur could be distinctly heard over both lungs, with slightly prolonged expiration. No rales were to be heard. Lying flat upon the back, was the most comfortable position for the patient. Whenever he attempted to arise and sit erect in bed considerable faintness seized him; and the pains in the sides, were greatly increased by turning in bed, or attempting to lie in any other position than upon his back. 9 oz. of urine during last 24 hours.

Wednesday, Nov. 21st. Has not yet succeeded in obtaining sleep at night. He suffers a good deal with dull heavy pains shooting through his head and temples. His feet are bathed in a hot

mustard-bath, and mustard-poultices applied to the calves of his legs and soles of his feet, and behind his ears. At 5, P. M., he had a slight attack of epistaxis from his right nostril, which somewhat relieved his head, and he became quite comfortable. 14½ oz. of urine during last 24 hours.

Thursday, Nov. 22d. Pain in chest and dyspnoea increased. An oil-silk jacket is now applied to the chest. Last night a little sleep was obtained, and early in the morning he was quite bright and free from pain. Good free passage from his bowels at 12, M. Bowels were again moved during the afternoon. Still he is very weak, and has considerable pain through the head. Slight attack of epistaxis in the evening, which relieved the fulness in the head. Is taking weak chicken-broth. 17 oz. of urine during last 24 hours.

Friday, Nov. 23d. Has passed a poor night. Considerable pain in the head, and oppression on the chest. The pain in the head generally comes on between 9 and 10, in the morning, and passes off as night approaches. More headache in the evening, and another attack of epistaxis, the hæmorrhage always coming from the right nostril. 13 oz. of urine during last 24 hours.

Saturday, Nov. 24th. This was the critical day of the disease. On this day the uræmic poison appeared to make one last desperate struggle for the possession of the patient's frame. He slept heavily through the fore-part of the night, and at 5, A. M., took his beef-tea, soon after which he was seized with violent vomiting and intense pain in the head and eyes. Some photophobia was present, but eyesight was unimpaired. At 9, A. M., vomited severely again. Great prostration now came on. Pulse was natural in frequency, but feeble. Bowels moved at 10, A. M. Vomited four times between 9, A. M., and 2.30, P. M. Pure bile was thrown up. This greatly exhausted him. His feet were bathed in hot water, and mustard-poultices applied over his epigastrium, to his lower extremities, and to the back of his neck. Took five drops of HOFFMAN'S anodyne, with effervescing mixture, at 2.30, P. M., and again at 3. Vomited at 4. At 6, P. M., it was discovered, for the first time, that the patient had lost his sight, and could neither see the face of a watch held before him, nor distinguish the countenances of those around him. His face presented a mottled hue. It would at times become flushed, and then the color would quickly fade away, leaving it of a ghastly paleness. Took lime-water and milk at 7, P. M., but it was not retained. Vomited at 9, P. M. At 9.30, P. M.,

had an hypodermic injection of about five drops of MAGENDIE'S solution of morphia just over the pit of the stomach. At 10, P. M., took three of FOTHERGILL'S pills. Immediately vomited, but the pills were fortunately retained. Upon an examination of the chest, it was now ascertained that the right pleural cavity contained a considerable amount of fluid. Iodine ointment was applied to the chest at 11, P. M. Vomited at 11.30. Now he became more quiet. The vomiting ceased. The sense of prostration became less. He took a tablespoonful of iced milk every hour, which his stomach appeared to receive kindly. He also partook of a little dry toast. 21½ oz. of urine passed during the last 24 hours.

Sunday, Nov. 25th. Slept, at intervals, comparatively well last night. Nausea ceased. Good appetite. Dry toast and iced milk continued. Dry cupping over kidneys, and over the posterior part of the thorax on the right side, at 12, M. Great pain in the left eyeball now came on, with severe radiating pains through both temples. Four leeches were applied to the temples, and the bleeding promoted by warm bathing of the parts, at 2, P. M. As the kidneys were not secreting as freely as was desired, and the stomach would not tolerate medicine of any description, flannels saturated with hot tr. digitalis, and spts. nit. dulc., were applied to the abdomen at 3, P. M. The pain continuing through the night in the left eyeball, blistering collodion was applied behind the left ear, which seemed to relieve the pain. 19 oz. of urine during last 24 hours.

Monday, Nov. 26th. Better in every way. During the night the pain in the left eye again came on about 3, A. M., and passed off at 8, A. M. Blistering collodion again applied behind the ear. 21 oz. of urine during last 24 hours.

Tuesday, Nov. 27th. Has passed a pretty good night. Good appetite. Is now allowed chicken broth, and a small piece of a bird, which he relished exceedingly. Bowels regular. Strength is returning. Same pain in the left eye came on about the same hour in the morning, (3, A. M.,) and passed off about 8, A. M., just as on the preceding day. 45 oz. of urine passed during the last 24 hours. This was an astonishing increase. The urine was now perfectly clear to the eye, and free from all deposits, having before been loaded with urates.

Wednesday, Nov. 28th. As the pain in the left eyeball and over the eye appeared to partake of an intermittent character, to-day small doses of quiniæ sulph. and gallic acid were administered. Is gaining strength, and was able

to sit up to-day for some time. 42 oz. of urine during last 24 hours.

Thursday, Nov. 29th. Gaining rapidly. No more pain in left eyeball. 31 oz. of urine during last 24 hours.

Friday, Nov. 30th. Up and dressed. 31½ oz. of urine during last 24 hours.

Saturday, Dec. 1st. Commenced to-day with tr. ferri muriat., ten drops three times a day, in a wineglassful of water, taken through a glass-tube. Took a hot-air bath in the evening. 33½ oz. of urine during last 24 hours.

Sunday, Dec. 2d. Still improving. 30½ oz. of urine during last 24 hours.

Monday, Dec. 3d. Took a hot-air bath in the evening. 42 oz. of urine during last 24 hours.

Tuesday, Dec. 4th. Takes iron regularly, and has dry cups applied over his kidneys every night. Occasionally takes a drachm of potassæ bitart. Is living upon a plain, but nutritious diet. Drinks a good deal of milk. Tongue is healthy in appearance, and bowels regular. Skin acts well. Urine still contains large quantities of albumen. 54½ oz. of urine during the last 24 hours.

Wednesday, Dec. 5th. Went out into the open air for the first time since his sickness. 43 oz. of urine during last 24 hours.

... From this date, his recovery was most rapid. Counter-irritation was continued over the kidneys, by means of croton-oil liniment and a flannel bandage. His entire body was thoroughly rubbed, morning and evening, with coarse flesh-brushes. He wore woollen under garments of the heaviest description. He took daily vigorous exercise in the open air. Milk was very freely partaken of. Iron was also continued. By January 1st, but a very small trace of albumen was to be found in his urine, it having steadily decreased since Dec. 4th. He was strong and well, and had apparently returned to his former robust state of health.

Hospital Reports.

JEFFERSON MEDICAL COLLEGE, }
November 27, 1866. }

SURGICAL CLINIC OF PROF. GROSS.

Reported by Dr. Napheys.

Thyroid Dislocation of the Hip-Joint.

Daniel F., aged thirteen. This lad has an affection of the left hip-joint of five weeks standing; caused by a fall of about three feet, striking on the knee. The afflicted limb is longer than the other; the foot projecting at least one inch

below its fellow, and the patella being lower in a marked degree, than on the opposite side. The limbs are separated, and the knee of the injured side is flexed, and greatly in advance of the sound one. There is a remarkable depression in the original situation of the great trochanter, which is thrown back from its natural position. He cannot bend his body backward, as under ordinary circumstances. He cannot flex his thigh upon the pelvis, nor extend it so as to bring it in a line with his body.

The patient has a thyroid dislocation of the hip-joint; interesting, because it is the only one of the four dislocations of this joint in which the corresponding limb is elongated; in all the others it is shortened. It is uncommon to have a dislocation at this period of life, in any of its forms. The youngest person Prof. Gross has ever seen affected with dislocation of the hip, was of the age of six years.

There are several modes of reducing this luxation. One consists simply in manipulation, which will be employed in this case. Another makes a fulcrum of the heel of the surgeon placed in the perineum, the requisite degree of extension being effected by grasping the limb at the ankle-joint and gradually carrying it over the sound one. A third method is, to place a square piece of wood, well padded, as a fulcrum, in the perineum, and then bring the limb across it, so as to throw the head of the bone out of its unnatural position into the cotyloid cavity. Or instead of this, a fulcrum may be made of a bedpost, against which the perineum is placed and the limb manipulated.

The patient was brought under the influence of chloroform, and the reduction effected by manipulation.

Cleft Palate.

Ida M., aged nine. She has cleft palate; a congenital defect similar to hare-lip—with which it is often associated; and to hypospadias, epispadias, atrophy of the urinary bladder and bifid spine. The cleft involves both the hard and soft palate and the uvula.

There is an operation for the relief of this affection, performed on the same principle as that for the cure of hare-lip. It consists in paring the edges of the fissure from one extremity to the other, and then approximating them by means of interrupted sutures, employing for this purpose either silver or iron wire, or ordinary silk, according to the whim or caprice of the surgeon; for it matters very little which of these articles is used. Ordinarily four of these sutures are necessary.

The original operation, was performed by professor ROUX, of Paris, quite half a century ago. It was afterwards practiced extensively by DIERFENBACH of Berlin; and also performed in this country by Dr. WARREN of Boston, and Dr. STEVENS of New York. It has now become general; is performed in all portions of the civilized world; and is one of the acknowledged operations of surgery. It cannot, however, be accomplished with success, until the patient has attained a sufficient age to coöperate with the surgeon. Before it is attempted, tolerance of the part should be established by manipulation; the introduction of the finger, the handle of a tooth brush, or

spoon, or any such substance, brought in contact with the soft palate, the arches of the palate, the uvula and the tonsils so as to enable them to bear the requisite degree of handling at the time of the operation. This is an important preliminary measure, and should be practiced for a fortnight or three or four weeks, before the operation is essayed.

The patient sitting in a chair with his head thrown back against the breast of an assistant; the mouth being widely opened, the surgeon pares one edge first, seizing hold of the part with a pair of toothed forceps, and, with a cataract knife, effecting the requisite degree of excision. This is the work usually of a few seconds. Of course, there is some degree of hemorrhage at this stage. So soon as the edge has been pared on one side, the surgeon desists until the bleeding has ceased, and then he proceeds with the other side upon the same principle. After both edges have been pared the patient should have a little respite, the parts should be sponged with a mop rung out of cold water, and the mouth should be held widely open to expose it to the air, which is a powerful hæmostatic under such circumstances. So soon as the bleeding has stopped, the sutures are introduced one after the other, which are afterwards tied with the ordinary reef knot, or the extremities secured by means of shot. The sutures should be retained for a number of days, certainly, not less than five or six, or until there is reason to believe that consolidation has gone sufficiently far to justify interference. Premature removal will sometimes result in a separation of the edges.

This patient will not, probably, be brought before the class for operation; as it is tedious, and the procedure not very satisfactory—except so far as the external manipulations are concerned, it being impossible for any beside the operator to look into the mouth.

Result of Operation for Trilobed Ear.

Miss Julia F., aged twenty. This patient was operated on Nov. 21st., vide page 7. The union is complete. The pin was removed, the thread around it being allowed to remain.

Ectropion.

John G., aged twenty-one. The face of this patient was badly scarred by an explosion at a cartridge factory, which occurred several years ago. He had ectropion of both lids of both eyes. The right eye was operated upon seven months ago, vide vol. XV. p., 160, affecting a wonderful improvement, the lids of that eye being now quite normal. The upper lid of the left eye is tied to the eyebrow; the lower not so much everted.

The patient was placed under the influence of chloroform, and a V-shaped portion of cartilage removed from the lower lid, the hypertrophied portion of mucous membrane shaved off, and the edges of the triangular gap approximated by means of twisted suture, a delicate cambric needle being employed. The upper lid was then dissected from its attachment and, the redundant mucous membrane having been retrenched, brought down in the form of a flap or curtain, overhanging the ball of the eye. As soon as the bleeding ceased, three compressors of patent lint were

placed in the gap, the first two well saturated with sweet oil, the third dry, and the whole confined by a roller.

Axillary Dislocation of Shoulder.

Thos. C., æt. 40. He cannot place his right hand on his forehead, nor on the opposite shoulder. The man holds himself in a singular way, the left arm lies in close contact with the side of his body, but the right elbow projects from the side of the trunk, and cannot be brought in contact with it without depressing the corresponding shoulder, which is higher than the left. There is a remarkable prominence of the right acromion process and the acromial extremity of the clavicle, and the finger can be very readily inserted into a depression under the acromial projection. When the fingers are introduced into the axilla, and the humerus rotated upon its axis, the head of the bone can be felt moving over them. The symptoms are characteristic of axillary dislocation of the shoulder.

Dr. DUGAS, Professor of Surgery in the Medical College of Augusta, Ga., called the attention of the profession, a few years ago, to the fact, that when there is dislocation of the shoulder-joint, the patient is unable to grasp the opposite shoulder. This statement has been recently contradicted. In a recent number of the *New York Medical Record* it is stated, that two patients, affected with this accident, had been examined, and in both instances they were able to place the hand on the opposite shoulder. In all the cases of recent standing seen by Prof. Gross, the patients were unable to do this, and the diagnostic value of this sign remains unimpaired, as there are exceptions to nearly all rules. The most reliable of all the signs of this dislocation is the fact that the patient is not able to bring the elbow of the affected limb in contact with the side of his body, unless he leans over, and even then he cannot accomplish the object with any degree of facility.

The accident was occasioned by a blow he gave with his fist on election day last, the 8th of October. It is therefore over six week's standing. This form of dislocation is the most common of all the luxations of the shoulder-joint, and of all in the human body.

The man was placed under the influence of chloroform, the heel planted in the axilla, over a folded napkin, and extension applied just above the wrist. The reduction was effected with an audible snap. There is no method so simple and so promptly efficient as this.

The treatment for a few days should be antiphlogistic, saturnine lotions with opium or laudanum being applied to the joint. Then sorbefacient liniments should be employed, and passive motion instituted to restore the function of the articulation.

Ozena.

Ida D., æt. 16. She has a frequent desire to clear her throat. Hands and feet usually cold. She takes cold very easily. She has a troublesome discharge from both nostrils, of four years duration. No pain of a severe character in the nose itself, but there is a sense of uneasiness

along the frontal sinus. She suffers no inconvenience in any other respect.

This is usually described under the name of serofulous ozena. It is an affection of the mucous membrane, and frequently also of the cartilages and bones of the nose. The cartilaginous septum often suffers, in many cases being perforated, and the turbinated bones are apt to be involved, becoming carious, and sometimes necrosed. In the great majority of cases, the disease will be found to be syphilitic. Its origin is not certain in this case; but looking upon it in the light of a syphilitic affection, the following prescription will be given.

R. Sodii iodidi, gr. iv.
Hydg. bichloridi, gr. 1-12
Syr. ferri iodidi, gtt. xx. Ter die.

Also, every night at bedtime, five grains of quinia and one-eighth of a grain of morphia, to be continued until she becomes thoroughly warmed, the circulation fully established in the extremities. The diet should be plain, simple, and rather generous than otherwise. The body should be constantly covered with flannel, which, in such cases, should be worn next the skin, from one year's end to the other. The feet are to be protected with thick cotton stockings and thick shoes or boots, and they ought to be washed every night in cold water, with castile soap. As a deodorizer, cleanser, and alterant, three to five drops of the official solution of chloride of zinc to the ounce of lukewarm water, are to be injected twice in the twenty-four hours, the nostrils being well washed immediately before, with warm water, by means of THURICUM'S apparatus.

Medical Societies.

BALTIMORE MEDICAL ASSOCIATION.

Meeting November 12th, 1866.

Reported by J. W. P. Bates, M. D.

Wounds of Cavities.

The discussion was opened by Dr. DARE as follows:

These are, certainly, among the most interesting and dangerous cases that come under the care of the surgeon, especially if we include wounds of the inclosed viscera. We will consider, first, those of the cranial cavity. These may be roughly divided into—(a), cranium fractured, but the brain not penetrated; (b), brain penetrated, and the vulnerating body lodged in the cranial cavity. When symptoms of compression are present after these injuries, the indication is clear to use the trephine; but when not present, it is a disputed point. GUTHRIE says, trephine. This would do, were the mischief always at the seat of the wound, but it is frequently some distance from it, as when a man falls on the vertex and fractures the base of the cranium. I remember a case in the hospital; a man was thrown from a buggy, and fell on his head. The next day he was sitting up, and did well for four or five days, when coma came on. I trephined him, but he died in forty-eight hours afterward.

The *post mortem* showed that the injury to the brain was not at the point where the skull struck the ground, but on the opposite side, where a small abscess had resulted. Penetrating wounds are generally fatal. Dr. DUNBAR had a case in which the frontal bone was perforated by a piece of a gun barrel, which had exploded while the man was gunning; the piece was extracted, and the man recovered. GUTHRIE mentions an analogous case.

Wounds of the thoracic cavity are divided into incised, punctured, and gunshot. In the first two we expect union by the first intention; in the last there will be loss of substance. The ordinary symptoms are hæmoptysis, (not always positive proof of wound of the lung, for it may result from a blow,) escape of air, and emphysema. This last is absent in a majority of cases, especially if the wound be direct. Treatment cannot do much to check the hemorrhage, except by position. Relieve shock. It is a question about the closure of wounds. In incised, we close accurately, and expect union by the first intention; in gunshot, if closed accurately, which is, probably, the better plan, they must be opened when suppuration commences. Prognosis unfavorable; in twenty-six cases in hospital, which came under my notice, eight died. Patients frequently recover from wounds which would appear to be fatal. A Lieutenant-Colonel was wounded through the left lung,—the clavicle and spinous process of the scapula being fractured. The case progressed favorably, and he returned to duty. In two months an abscess formed, (he spat up pus,) which was opened, and he returned to duty. Again formed, and reopened; after which he recovered his health and strength. One danger in these cases is from long-continued suppuration, and the man frequently dies of pyæmia. Important to use tonics and stimulants. Wounds of the abdomen and intestines are generally fatal, though not always so. Sometimes the patient recovers with a fistulous opening. In wounds of the bladder it is important to keep a catheter in, so as to allow the urine to escape, and to permit the organ to contract. In wounds of the joints resection is practised to a great extent, where we formerly amputated, and, frequently, leaves a useful limb. A large per cent. of resections at the shoulder joint do well. If no fibrous or bony union takes place, the arm hangs by the side, and is in the way.

Dr. COSKEY. I wish to ask Dr. DARE whether every case of these wounds closed up did not result in pyæmia?

Dr. DARE. I spoke of closing incised wounds, and gunshot wounds, until suppuration takes place, then open.

Dr. COSKEY. Did you ever see a case of pyæmia recover, and what is your opinion of its pathology?

Dr. DARE. That is a rather extensive subject, and is not now under discussion.

Dr. EASTMAN. There is often great tenacity of life shown in some cases of wounds, especially of the cranial cavity. I passed over the Rich Mountain battle field about eight hours after the battle; a man beckoned to me, and on examination I

found that about two inches of the parietal bone had been carried away, and about a gill of brain matter escaped, yet he lived several days. A spy received five wounds through his lungs, and other wounds in different parts of his body, yet lived for a month. In wounds of the cavities, where there is a single wound, and the ball passes through, the person may recover; but when the ball lodges, abscess follows, and the result is generally fatal.

Dr. UHLER. There is a case on record of a man having no less than three holes through his abdomen, and all discharging fecal matter. The case was, of course, protracted, but he recovered. A man was shot through the greater lobe of the liver, and a piece of the substance of the liver, half an inch in diameter, carried away—recovered. A ball entered at the frontal bone, and emerged at the occipital; he lived seventeen days. Generally, according to my experience, these cases live three or four days. When the cerebrum is injured the patient is quiet, but when the cerebellum, there is a great deal of motion.

Dr. WATERS. GUTHRIE mentions two cases in which the bullet lodged in the substance of the brain. They recovered with reasonable promptitude, and were returned to duty. They got intoxicated, and died in a few hours afterward, probably from cerebral congestion. **Dr. ALLEN SMITH** exhibited to me a battered buckshot, which had entered the parietal bone. From the time of the healing of the wound until his death, the man had epileptic fits; he lived for eight or nine years. After death the fragment was found impacted and encysted on the opposite side of the brain; the opening in the parietal was not closed. In military hospitals—except field—there were not many cases of perforating wounds of the brain seen. Two cases came under my observation—wounded through the forehead,—could see the pulsations of the brain. Kept the patients quiet, and made no application beyond a piece of greased muslin, and allowed the pus to escape. The senses remained clear. They left the hospital, and I lost sight of them. A sailor was wounded in the frontal sinus, and the discharge, which was considerable, became annoying, and he tucked in a pledget, and died in forty-eight hours of head symptoms. **Dr. DARE** had a case in which the bullet passed through the eye into the cavity of the skull, but remained external to the membranes. Intelligence was not affected until within three or four days of his death.

In wounds of the chest, the direction of the wound is no guide as to whether the lungs are wounded or not. A man was wounded near the sternum, and the ball passed up posteriorly—hæmoptysis; he died in six weeks, when it was found that the ribs were fractured in two places. In twenty-eight cases, in which it was presumable that the lungs were wounded, twenty-one recovered. About one-fourth of this class of cases died in hospital. The theory was, a few years ago, that a patient rarely survived over twelve months, being carried off by phthisis, but these cases improved continuously.

Two cases of wounds of the bowels came under my notice. The bullet entered two inches from the umbilicus. The first said that he had passed

the contents of the bowels through the wound. Had him kept upon his face; he recovered entirely. The second, a man from a Mississippi regiment, also wounded near the umbilicus. The bullet struck a buckle, which flattened it, and made it very sharp. He passed some of the ingesta through the wound. Some contraction resulted, but otherwise the case did well. These were the only cases where there was unequivocal evidence of penetration of the bowels.

A ball traversed the spleen, passed over the kidney, and lodged in the supra-renal capsule. The man lived six weeks.

Wounds of the Joints.

From two hundred and fifty cases, of which I have collected the accounts, I deduce the following rule: When a large bullet passes through the knee or ankle-joint, amputation ought to be performed immediately. The rule ought to be an invariable one, when gentlemen have an opportunity of seeing these cases early, for secondary amputations are exceedingly fatal. **Prof. SMITH** mentions a case of gunshot wound through the knee. The friends wanted the operation postponed, so as to allow of a consultation. He said he would amputate to-day, and consult to-morrow. This was judicious. If they are not operated on immediately, ninety-seven or ninety-eight out of one hundred will have to undergo secondary amputation, and seventy-five will die. When the bullet is small, the danger is not so imminent; may get well, if the ball has not lodged nor injured the bone or cartilage. The danger is great when it lodges in the head of the tibia. The complexity of the ankle-joint renders primary amputation necessary. I do not think I have seen a single case of pyæmia after wounds of the chest. I have seen it after wounds of the extremities.

Dr. COSKEY. I visited Fortress Monroe, and surgeons there complained of pyæmia following wounds of the chest. It was a common and constant cause of death. I believe it is from absorption of pus into the system. I have no experience in hospital practice.

Dr. FAY. In regard to wounds of the liver, the recoveries are rare from the slightest puncture, to say nothing of gunshot wounds. I was called to see a case of wound in the abdomen, made by a small pistol ball. Three days afterward the man vomited bile, and died in thirty hours.

Wounds and injuries of the joints are most important. I make it an almost invariable rule, whenever I find pus, to let it out, except in coxalgia. I do not know that I would reverse the rule of **Dr. WATERS.** Sometimes we find cases injured, and allowed to run on several days before a physician is called to see them;—would you amputate then? I should say, let out the pus. In civil practice, in these kind of cases, make free incisions into the knee-joint, as into any other part of the limb; more danger if there be fracture. There is less danger from incisions than from amputation. (Read notes of a case of wound of the knee, in which free incisions were used—recovery in eight months.) In wounds of the abdomen, I have great confidence in mush poult-

tices, as they keep the temperature lower than natural.

EDITORIAL DEPARTMENT.

Periscope.

Pathology of Diabetes.

In his recent work on *Diabetes; its various forms and different Treatments*, (reviewed in a recent number of the *Brit. Med. Journal*), Dr. GEORGE HARLEY, says:

"That sugar is a normal constituent of the human frame, is easily shown by withdrawing an ounce of blood from a healthy man, in full digestion, and allowing it to fall drop by drop into two ounces of boiling water, faintly acidulated with acetic acid. By doing so, all the albuminous matters are so firmly coagulated, that, on filtration, a perfectly colorless liquid is obtained; and, on applying to it the copper, potash, and fermentation tests, the existence of sugar can be demonstrated with facility."

Dr. HARLEY opposes the view of BERNARD, that the sugar is burned off in the lungs. CHAVEAU and the author have found in properly conducted experiments, almost as much sugar in the blood of the left, as in that of the right side of the heart. They have also found that there is less sugar in the veins of a limb, than in its arteries; hence it partly disappears in the capillaries, and aids in the nutritive process. Its part here is shown by several facts, to be the formation of adipose tissue.

His views regarding the influence of the pneumo-gastric nerve upon the formation of sugar, are also different from those of BERNARD. He does not consider the latter, to be incited by the stimulus of the respired air to the pulmonary branches of the pneumo-gastric nerve, but says:

"If the stimulating effect of the blood of the portal vein, be imitated by injecting into that vessel, substances such as alcohol, ether, chloroform, methylated spirit, or ammonia, the liver is excited to secrete an excess of sugar, and the animal operated on, is, for a time, rendered diabetic. The conclusions to which the results of experiments led me, was, that stimulants produce diabetes, by exciting the hepatic branches of the pneumo-gastric nerve, to transmit an impression to the nervous centres, to be from these reflected to the liver, and thereby cause the increased secretion of saccharine matter."

The following conditions he enumerates as having been followed by diabetes:

"Injury to the head, with or without fracture of the skull—clot in the pons varolii—softening of the base of the brain—abscess of cerebellum, extending into the fourth ventricle—tumor in the left lobe of the cerebellum—disease of the sympathetic nerve—tumor of the pneumo-gastric nerve—deposit of bony spicula in the falk—excessive brain work—intense grief—sudden mental shock—blow on the epigastrium—pregnancy—uterine disease—disordered digestion—exposure to cold, etc.

Diabetes, springing from such a variety of causes, may depend on either of two different

conditions; one in which an abnormal quantity of sugar is secreted and eliminated; another, in which the proper quantity only having been formed in the liver, an abnormal amount is eliminated in the urine. These two forms, Dr. H., distinguishes as *diabetes from excessive formation*; and *diabetes from defective assimilation*.

Each of the two forms has certain peculiarities. In that from excessive formation, emaciation does not occur until the disease has far advanced; in that from defective assimilation, loss of flesh is one of the earliest symptoms. "An inordinate thirst," he says, "and excessive elimination of urine, is in all cases an indication that the disease is already in its second stage; the first stage being indicated, in those arising from *excessive formation*, by saccharine urine alone, and in those from defective assimilation, by saccharine urine, coupled with loss of flesh."

As to treatment, in the first form, all foods containing starch and sugar must be avoided, and stimulants used with caution. In the latter form there must be no restriction, the food must be nourishing and easily assimilable, and stimulants may be even given with advantage. Medication must be adapted to the individual case.

Disease of the Supra-Renal Capsules.

One of the contributions to the last volume of the *Transactions of the Pathological Society of London*, as noticed by the *Brit. Med. Journal*, is an elaborate report on disease of the supra-renal capsules, by Dr. HEADLAM GREENHOW. Dr. G. has collected and tabulated the principal points in the history of 196 cases, which he arranges as follows: *a*, bronzed skin, without disease of the supra-renal capsules—10 cases; *b*, cancerous disease of the supra-renal capsules—24 cases; *c*, miscellaneous affections of the supra-renal capsules—10 cases; *d*, cases imperfectly described, or of doubtful nature—24 cases; *e*, Addison's disease of the supra-renal capsules, quite uncomplicated—24 cases; *f*, Addison's disease, almost uncomplicated—lesions of other organs unimportant—17 cases; *g*, Addison's disease, apparently uncomplicated—state of other organs not reported—5 cases; *h*, Addison's disease, complicated with vertebral disease or lumbar abscess—15 cases; *k*, Addison's disease, complicated with tubercle in the lungs only—25 cases; *l*, Addison's disease, complicated with tubercle in the lungs and other organs—19 cases; *m*, Addison's disease, complicated with phthisis—13 cases; *n*, Addison's disease, with non-tubercular complications—10 cases.

The first four of these classes comprise 68 cases, which Dr. GREENHOW does not regard as genuine and reliable instances of Addison's disease.

Bromide of Ammonia in Epilepsy, and other Diseases.

The *Chicago Medical Examiner* publishes a paper read by Dr. IRA HATCH before the Illinois State Medical Society, in which three cases of epilepsy are related, one of which was cured, and the others remarkably relieved by the use of bromide of ammonia. Cases of chronic bronchitis, metro gonorrhoea, and uterine irritation were also treated successfully with this remedy.

Reviews and Book Notices.

The Physicians' Daily Pocket Record. Comprising a Visiting List, Diary, Day-book, etc., etc. Also, A List of New Remedies; Classified list of Medicines, their Doses and Market Value; Besides Other Tables, etc., etc. By S. W. BUTLER, M. D. Philadelphia: Published at the Office of the MEDICAL AND SURGICAL REPORTER, 115 South Seventh street, 1867. Price, \$1.50.

Although issued from this office, it is competent for a reviewer—who has in it only a professional interest—to notice dispassionately this new effort to meet the daily wants of the physician. It may be said to have both positive and comparative advantages. First, it contains nearly everything the practitioner needs to carry about him for reference, and frequent or constant use; and in so small a bulk as to be readily portable. Again, compared with the fullest similar publication—Dr. Elmer's Hand-book—it is much less bulky, costs less, and is not hurt for real daily utility, by the omission of much which that contains. We mean, particularly, the "Classification of Diseases, etc.," in the work of Dr. ELMER. There is no intention whatever, to be invidious in this comparison; as we have already given credit to Dr. ELMER, for ability and great industry in the preparation of his "Hand-book," in a notice of it in this paper, written before the present writer, had any knowledge of the "Record" whatever.

What is still wanting? This may be impartially said. Of matters given in the "Hand-book" just mentioned, it would be very desirable to add also to the contents of the "Record," a List of Incompatibles, and a brief account, or table, of the Diagnostic Examination of the Urine. Further, a decided want is the insertion of a Record of Diseases, upon a plan which can easily be used. The Pennsylvania State Medical Society gave official sanction in 1858 to a published plan of this kind, an abridgment of which could be readily made and added to such a volume. By its means, every physician could state clearly at the end of the year, without any serious labor about it, how many cases of each disease or affection, medical, surgical, and obstetrical, he had treated during the twelve months. For county and State Medical Society Reports, such a method would give exact and most valuable statistics. These must certainly be infinitely better than the vague recollections and general surmises, which the most assiduous and intelligent chairman of a Committee on Epidemics, has commonly now to content himself with. Having *tried* this plan of recording cases, we assert its facility with knowledge. Only one plausible objection occurs

in regard to it; which may, possibly, have prevented its general adoption; viz., that, for prudential reasons, a practitioner of moderate business, may be unwilling to make known the annual number of his patients. But it is not necessary to make it known, though ascertained (as in his accounts it must be) by himself. And even the Chairman of a County Medical Society might make full use of the *data* thus furnished, by aggregating them, without any mention whatever of individual names. Another desideratum for addition to such a book, would be, some brief memoranda of obstetrical practice.

The features of the "Daily Pocket Record," which must commend themselves to all, are as follows: The "List of New Remedies, their Application, Doses, and Market Value." The latter item, of *price*, must be a most useful one to country physicians who buy their own medicines. The list is well prepared, although it would not have much impaired its right to the designation "new," by going back far enough to include sulphate of cinchonia, bromide of potassium, and resina podophylli. Calabar bean (*physostigma venenosum*) might also have been added, as now an established article of the *materia medica*, for internal as well as local use. The "List of the principal Articles of the *Materia Medica*, classified according to their Chief Properties, with the Doses for Adults and Market Value," is also very convenient; although an *alphabetical* list would require less time for reference. A "Table of Proportionate Quantities," *i. e.*, of opium in acetum opii, etc., etc., is well put in next. Then, "Poisons, their Symptoms and Antidotes." "Disinfectants" follow; and "Treatment of Persons Asphyxiated." "Medicinal Weights and Measures" are given, the *French* as well as those of the United States Pharmacopœia. A novel and excellent addition, is a Table of "Expectation of Life," from one year to one hundred and four—from the Carlisle Tables. The *Fee* Tables are also new. That of the Philadelphia College of Physicians, and that of the Medical Society of New Jersey, (new) are placed in parallel columns, to represent the city and country.

The remainder of the book is at least equal in convenience, to any other prepared for a similar purpose. The paper and typography are as good as could be desired; the cover is good enough, but we have a fastidious taste in that, and may wish to see it yet better another year. Altogether, if we knew nothing of its origin, it would be only justice to say, that no other *vade mecum* of the kind would appear to us so well adapted to its purpose.

Medical and Surgical Reporter.

S. W. BUTLER, M. D., *Editor and Proprietor.*

PHILADELPHIA, JANUARY 26, 1867.

THE ANNUAL REPORT OF THE SURGEON-GENERAL

Is before us. Its eight pages, with the addition of a statement of the quantity of medical supplies issued during the war, from the various Purveying Depots, furnish in the most concise form, instructive and interesting facts as to the MEDICAL DEPARTMENT of our armies. Surgeon-General BARNES first states the amount of funds at the disposal of the Medical and Hospital Department for the fiscal year, ending July 1st, 1866, as \$5,386,064.24, of which sum \$4,044,261.59 were proceeds of sales of old or surplus medical and hospital property. The disbursements were \$2,837,801.77.

In the absence of any appropriation for medicines and medical attendance for the Bureau of Freedmen, etc., every assistance was extended to it by this Department. Surgeons and Assistant Surgeons were transferred to that bureau, Acting Assistant Surgeons employed, and medicines and hospital supplies issued upon properly approved requisitions. The amount so expended was \$267,391.92.

Regarding artificial limbs, we learn that from date of Act of Congress, (July 16, 1862,) authorizing artificial limbs to be furnished, to July 1, 1866, there have been supplied by this Department, to maimed soldiers, 3981 legs; 2240 arms; 9 feet; 55 hands; 125 surgical apparatus, and it is estimated that not more than 1000 limbs remain still to be supplied, at a cost probably of seventy thousand dollars (70,000). Should the appropriations for this purpose be continued, it is recommended that upon furnishing the evidence now required to obtain an artificial limb, the applicant receive, from a Medical Disbursing Officer, under such regulations as may be prescribed by the Secretary of War, its present established money value in lieu of an order upon a manufacturer. Such an arrangement would include those cases in which from the nature of the injury and operation, no limb or (surgical) appliance can be advantageously adopted, by extending to them the same allowance now made to their more fortunate fellow-sufferers.

Surgeon-General BARNES thus alludes to CHOLERA and QUARANTINE:

"Early during the present year grave apprehensions of the appearance of Asiatic Cholera as an epidemic were justified, and March 3d, 1866,

I had the honor to recommend, for the protection of our troops on the Southern Atlantic sea-board, that a rigid quarantine be established, and sanitary precautions enforced, where necessary, by military authority.

"The adoption of these measures has thus far been crowned by more than ordinary success, and although the disease has appeared at the recruiting depots and forts in New York Harbor, at Tybee Island, Ga., Galveston, Texas, Forts Jackson and St. Philip, La., Newport Barracks, Ky., Jefferson Barracks and St. Louis Arsenal, Mo., Carlisle Barracks, Pa., and Vicksburg, Miss., it has been controlled, kept in check, or entirely eradicated, before assuming its usual alarming epidemic form."

Regarding STRENGTH, SICKNESS, and MORTALITY rate:

"The average mean strength of white troops for the year, as reported, was one hundred thousand one hundred and thirty-three (100,133,) and the proportion of deaths, from all causes, to cases treated, was one to every fifty-two.

"The report of colored troops represents the average mean strength for the same period, as fifty-three thousand five hundred and forty-one (53,541), among whom the proportion of cases taken sick was greater than with the white troops, and the mortality rate, one death to every twenty-nine cases treated.

"There were remaining in General Hospitals, June 30, 1865, and admitted during the year, sixty-four thousand four hundred and thirty-eight (64,438) patients, of whom, on the 30th June, 1866, only ninety-seven (97) remained under treatment."

Arrangements, the report states, are nearly completed for the transfer to a fire-proof building on Tenth street, of all the valuable mortuary records of this Department, including 16,000 folio volumes of Hospital Registers, 47,000 Burial Records, 16,000 Hospital, Muster and Pay Rolls, and alphabetical Registers of the Dead, containing 250,000 names of white, and 20,000 of colored soldiers, compiled from them; and the pathological collection constituting the Army Medical Museum.

"During the year official evidence of cause of death, or of discharge for disability, has been furnished the Pension Bureau in twenty-six thousand five hundred and eighty-nine (26,589) cases; Paymaster General, eight thousand (8000) cases; Adjutant General, ten thousand six hundred and twenty-three (10,623) cases; Authorized Agents, four thousand (4000) cases, making a total of forty-nine thousand two hundred and twelve (49,212) cases.

"This information, obtainable from no other source, has been of the greatest importance in the settlement of the claims of discharged soldiers and of widows and orphans, and in a majority of the cases is ample and satisfactory. In addition to the above, two hundred and ten thousand and twenty-seven (210,027) discharges upon certificate of disability, have been examined and classed."

One hundred and thirty-three thousand nine hundred and fifty-two surgical cases have thus far been classified and recorded; and operations, twenty-eight thousand four hundred and thirty-eight.

The preparation for publication of the Medical and Surgical History of the War has been prosecuted with energy, much of the manuscript and several of the illustrations for the first volume being completed. The Army Medical Museum continues to increase in value and usefulness, and the greater security and additional accommodations of the building to which it will be shortly removed, admits of the addition of a great number of interesting and instructive specimens, not hitherto available for want of space.

Of 98 applicants for positions in the Medical Staff, U. S. Army, 19 were fully examined, found qualified, and approved; 17 withdrew before their examinations were concluded; 31 were rejected, and 31 failed to appear.

Twenty-three Assistant Surgeons, U. S. Army, were examined for promotion, 20 of whom were found qualified, 2 reported for re-examination, and 1 disqualified.

One hundred and seventeen Surgeons and Assistant Surgeons of Volunteers were mustered out during the year; 1 killed by Indians.

In the Medical Staff, U. S. Army, there have been 12 resignations, 6 deaths,—2 by cholera, 1 by accident, and 3 by disease.

CASUALTIES. Fuller returns than those embraced in the Report of 1865, give the number of casualties from commencement of the war to present time, in the Regular and Volunteer Medical Staff, as three hundred and thirty-six (336), viz:

Killed in battle, twenty-nine (29); killed by accident, (12); died of wounds, ten (10); died in rebel prison, (4); died of yellow fever, seven (7); died of cholera, three (3); died of other diseases, two hundred and seventy-one (271); making a total of three hundred and thirty-six (336).

During the war thirty-five Medical Officers were wounded in battle.

THE PARIS EXPOSITION. "The improvements in Hospital construction and equipment, in surgical appliances, in means of transportation of sick and wounded, etc., resulting from the vast experience of the War, are considered worthy of exhibition as an evidence of National progress, and with this view, models of U. S. General Hospitals, with their equipment, of ambulances, litters, medicine wagons, etc., have been prepared, and will be forwarded through the proper channels as the contribution of the Medical Department U. S. A., to the Paris Exposition."

MEDICAL SUPPLIES ISSUED DURING THE WAR.

The most eloquent tribute to the liberality of our Government in furnishing the means of supplying the needs of the sick and wounded soldiers during the late war, and to the able manner in which the business of procuring and distributing these vast supplies was conducted by the head of the Medical Department and his subordinates, could be expressed in no better words, than the simple "statement of the quantity of medical supplies issued during the war from the purveying depots at New York, Philadelphia, etc.," appended to the annual report of Surgeon-General BARNES. To give our readers an idea of this liberality, and of the work which the distribution of these supplies necessarily involved, we quote a few articles and the quantities issued.

Quiniae sulphas, oz. 723,521; cinchonise sulphas oz. 374,746; fluid extract of cinchona oz. 554,110; pilulæ quinise sulph. doz., 178,050.

Opii pulv. oz. 448,864; do. tinct. oz. 901,467; tinct. opii camph. oz. 998,599; pilul. opii, doz. 442,926; morphiæ sulph. oz. 29,828.

Ferri chlor. tinct. oz. 690,692; ferri iod. syrup. oz. 138,795; ferri et quin. citr. oz., 69,193; ferri persulph. liq. oz. 103,502; ferri persulph. pulv. oz. 35,226; ferri sulph. oz. 354,273.

Camphor oz. 569,485; capsici pulv. oz. 209,623; chloroform oz. 1,588,066; copaiba oz. 1,292,129; magnesias oz. 69,867; magnes. sulph. lbs. 539,712; spirit. frumenti, in 32 oz. bottles—bottles 2,430, 785; do. vini. gall. bottles 562,221, etc., etc.

Hospital Stores. Barley, 169,329; extract of beef, lbs. 824,671; corn starch, lbs. 272,374; farina, lbs. 315,905; porter, pt. bottles 2,227,380; tea, lbs. 471,387.

Instruments. Amputating sets, 1,339; dissecting instruments, sets, 261; pocket cases, 15,769; penis syringes, no. 154,154; rubber syringes, no. 34,661; trusses, no. 56,869.

Dressing. Adhesive plaster, yards 358,771; ichthyocolla plaster, yards, 215,690; muslin, yards 1,982,345; lint, patent, lbs. 197,208; roller bandages, doz. 741,807; splints, sets, 18,103; do. SMITH'S anterior.

Among books and stationery, we may mention over 50,000 copies of different works on medicine and surgery, and a very large supply of every kind of stationery.

Bedding: Hospital, Clothing, etc. Bed sacks, no. 929,774; blankets, no. 1,637,076; drawers, no. 1,515,714; shirts, 1,322,060; socks, woollen, no. 2,050,415.

Furniture and appliances of every kind, from

clothes lines to frying-pans, were supplied in the same liberal ratio.

Comment is unnecessary; the few figures which we have selected, indicate sufficiently the vastness of these supplies, and the magnitude of the work performed by those upon whom devolved the duty of procuring and distributing them.

Notes and Comments.

Cholera and Quarantine.

The *British Medical Journal* says, that it is the intention of the Egyptian government to institute precautionary measures against the importation of cholera by the Mohammedan pilgrims next year. The quarantine measures which it has been proposed should be adopted, have been framed with regard to both vessels and caravans, and are to the following effect. All vessels with pilgrims are to be subjected to interrogation, and if found to have had cholera on board, are to be sent to perform quarantine. All caravans are likewise, if necessary, to undergo quarantine, for which special accommodation is proposed to be provided. And should cholera break out in the Hedjaz, it is proposed that no communication between that province and Egypt should be allowed by sea.

The Homœopaths

are making great efforts to show by statistics, that under homœopathic hygiene and treatment, human life is lengthened, and the mortality rate of sickness diminished. Now, although we know that "figures never lie," yet we honestly believe that men who use them, sometimes do; and those gentlemen who have been so exceedingly anxious to puff homœopathy into the favorable notice of the people, and lately, especially of insurance companies, have, we fear, been guilty somewhat of economizing truth in their use of figures. Thus an article is going the rounds in the daily papers, we quote, for instance, the *Springfield (O.) Republican*, in which it is stated that a Cleveland life insurance company, "Puts out some curious statistics prepared by ELIZUR WRIGHT, of Boston, late one of the insurance Commissioners of Massachusetts, showing the relative mortality in the allopathic and homœopathic hospitals in Europe, and the advantage in favor of the latter method of treatment," is said to be quite striking. Thus the article continues: "in 21 allopathic hospitals in given years, the proportion of mortality ranged from 6 per cent., the lowest to 20 or 21 per cent., the highest, with an average of 10 or 12 per cent.,

at least; while in 10 homœopathic hospitals, the mortality ranged only from 2 to 9 3-10 per cent., and in 3 only did the proportion exceed 6 per cent." We can well conceive that by picking out a certain number of general, public pauper hospitals, frequently overcrowded, a larger mortality may be shown, than in a certain picked number of homœopathic hospitals, from which the pauper classes are generally excluded, and where the diseases offering the largest mortality are rarely met with. But no sane man can ascribe such differences to modes of treatment.

Correspondence.

DOMESTIC.

The Degeneracy of the Native American Race.*

EDITOR MEDICAL AND SURGICAL REPORTER:

The subject started in your journal by Dr. ALLEN, of Lowell, namely, the "degeneracy of American females, and the decay of the native American race," is of very great importance, and the discussion of it, if conducted in a proper spirit, must be of interest and utility. All who know Dr. ALLEN, will be ready to ascribe to him only the best of motives, and will regard his statements as the honest convictions of an honest man.

But the conclusions he gives are so startling, that he must, of course, expect that they will be criticised, and that his arguments will be closely examined. Justice to the subject, as well as to Dr. ALLEN, demands it.

I do not propose, at this time, to examine his conclusion, that "the native American population is decreasing, and must soon run out," further than to say, that I am inclined to believe that the statement is exaggerated, and that the causes he assigns for what he believes to be the fact, are limited in their operation, and insufficient to account for so startling a fact.

But I propose, at this time, merely to notice briefly some of the arguments in Dr. ALLEN's article, and show that, whatever may be the truth in regard to his conclusions, some, at least, of his arguments are not well founded.

First. Dr. ALLEN thinks that the registration returns of Massachusetts are so nearly complete and perfect, that "it is impossible that there can be any mistakes or omissions here, which could materially affect the result." Now some of the

* The following communication should have appeared some weeks since, but was mislaid during a recent removal, and has just come to light.—ED. MED. & SURG. REPORTER.

best informed writers on registration in Massachusetts have expressed the opinion, that at least twenty per cent. of the births, marriages, and deaths in that State escape registration, and those acquainted with the manner in which the facts are collected in the country towns, are satisfied that this is true. More than this, these deficiencies are mostly in the country towns, where the sparse population is mostly native American, and where the deficiencies most materially affect Dr. ALLEN's results.

Again, Dr. ALLEN quotes the average age at death of persons of various occupations, to show the effect of occupation upon length of life. Among the rest, he quotes dressmakers, operatives, clerks, and teachers, whose average age is small, and argues that these occupations are prejudicial to length of life. But he forgets that these occupations are, as a general rule, only followed for a few years, and that, of course, the average age of those who die must be small.

Again: Your correspondent, "A," with more words than were necessary, and with some words which might perhaps have been better omitted, has shown one serious mistake in Dr. ALLEN's figures; so serious, that instead of a decrease of 1500 in the native American population in Boston in one year, there was an increase of over 400, by the excess of births over deaths.

But Dr. ALLEN makes a similar mistake in his remarks upon the census and birth-rate in Boston. He says: "The census of Boston, in 1865, reports the American population at 126,304, and the foreign at 66,020. The former class, 126,304, have 1641 children, while the latter, 66,020, have 3575—that is, one-third foreign have more than twice as many children as two-thirds American, equal to six times as many children for the same population." Here Dr. ALLEN gives the population according to birth-place, and thereby includes in the American population all the children who have been born in this country of foreign parents.

The fact is, that *by parentage*, the foreign population largely exceeds the American in Boston. Unfortunately, the census is not taken so that the exact figures can be known. Of course, Dr. ALLEN's statement, founded upon such a division of the population, must be erroneous.

Again: Dr. ALLEN quotes from parish registers and from the records of one small town, to show that formerly the families had many children, while now they have very few. Without more full particulars, I cannot judge of the value of the statement; but I am much inclined to fear that all the bearings of the question are

not given. Very few parish registers or records of small towns in Massachusetts give the facts in relation to *all the families*.

Besides this, in small country towns, where the population has remained permanent and stationary for a long period, the natural result would be just as stated by Dr. ALLEN, without any degeneracy in the population.

Let me illustrate my meaning by an example: In a small country town, where I am well acquainted, there is a school district in which, thirty-five years ago, there were over one hundred scholars. In the same district, fifteen years later, there were less than thirty scholars. The number of families and houses in the district had remained precisely the same. The children had grown up and emigrated, leaving middle-aged and aged persons. At this date, there is no change in the number of houses or families; but many of the heads of families of thirty-five years since have died, and younger persons have taken their places, and there are now fifty or sixty children in the district, and the number is fast increasing. It is easy to understand how Dr. ALLEN's statements may be true, without any degeneracy in the native American population. It is also easy to see how, in a stationary population, where young men and women mostly emigrate, there may be a long series of years when there must be more deaths than births.

In this connection there is a very important consideration, in relation to the native American population of New England, which Dr. ALLEN does not refer to. It is the immense emigration of this population, during the last thirty years, to the West; the emigration of precisely that class of population, as to age, upon which we would depend for an increase from births.

I have not been able to complete some calculations on this point that I have been making, but may state, that in 1850, there were nearly 600,000 natives of New England, living in this country, out of New England.

In 1860, there were 116,036 natives of Maine living in other States; 125,539 natives of New Hampshire living in other States; 174,765 natives of Vermont living in other States, etc.

Is not this an important consideration in connection with Dr. ALLEN's conclusions? If he could prove, which I must yet doubt, that the native American population of the East is degenerating and decreasing, we can refer to the immense empire of the West, which is built up, and is at this day, to a great extent, inhabited, governed, and moulded by the men and women, by the minds and wealth of this same degenerate race.

But this communication is too long. Dr. ALLEN well knows that I have a high regard for him, and that my only object is to promote the truth. I only ask that he will examine his facts carefully, and continue in his investigations until no one can find any fault with his arguments.

EDWIN M. SNOW, M. D.

Providence, Dec. 10th, 1866.

On Vivisections.

EDITOR MEDICAL AND SURGICAL REPORTER:

I read with much interest the letter of Dr. HARTSHORNE, in the last REPORTER, on the subject of vivisections, which I am glad to find he has the boldness to at least partially condemn.

He says, "I oppose merely the *undue* estimate of the value of vivisection," which, of course, implies that he in some degree approves it. He, however, almost immediately afterward gives an all-sufficient reason why that demoralizing and inhuman practice should be held in no other estimate than that of abhorrence. His words are, "Direct observation, without traumatic disturbance to complicate it, and the comparison of function with structure, through the whole animal kingdom, have done more for biological science than vivisection, granting the most that ought to be allowed to it." This is explicitly to the purpose, and proves, if true, as it undoubtedly is, that vivisection is wholly indefensible, because wholly unnecessary.

But it would be so, even if some knowledge could be acquired in this way, and in no other. I deny that we have any moral right to acquire knowledge, or to endeavor to advance the interests of science by *torture*, even if it be that of brute animals. Many of these that are tortured by vivisection, have organs of sensation the same as, or similar to our own, and doubtless suffer as much *agony*, when inhumanly condemned to this operation, as we would ourselves, if similarly treated. The celebrated Dr. ADAM CLARK, in his commentary on the eighth chapter of Romans, adduces some very forcible reasons for believing that they will exist in the future world, and amends be made them for the miseries suffered in this, from the inhumanity of men. I hope this will prove true. At any rate, they were not put in our power by the Creator for purposes of torture, for any cause whatever. This is a moral question that admits not of doubt. Knowledge that can be acquired in no other way, had better not be acquired at all.

Moreover, there is no reason for believing that the human race, or any part thereof, would have suffered any damage, if not a single case of vivi-

section had ever been practised. Dr. DALTON would find it impossible to prove that a single human being had ever been saved from death or misery through knowledge acquired in this way.

Some thirty years ago, the French anatomists and physiologists, or some of them, resorted to this practice, probably for the purpose of producing a sensation among the students and others, and some of them gained considerable *éclat*, which was what they were after, I presume. But the bare relation of their experiments was sufficient to chill the blood of any one not as cruel as a Camanche Indian.

I have so good an opinion of my fellow-creatures, that I have no doubt, if any vivisector were placed in such circumstances that his life could be saved only by the vivisection, or flaying alive, of half a dozen horses, rather than witness or permit this, there are few, in any civilized community, that would not prefer seeing him (the vivisector) peacefully breathe his last.

E. PLATT, M. D.

Rhinebeck, N. Y., Jan. 16, 1867.

News and Miscellany.

— It is proposed by the citizens of Chicago to establish in that city a "Metropolitan Board of Health." Thus the good example of New York is spreading, and we trust will spread. The proposed Board is to consist of five persons appointed by the Governor, three of whom shall be physicians. The term of office shall be five years; their powers are to be comprehensive and plenary. We trust that the Board will also be made Excise Commissioners, as in New York.

— PROF. USGER, the eminent Viennese botanist and paleontologist, has been recently examining the bricks used by the ancient Egyptians in the construction of the Pyramids, and more particularly those of the Pyramid of Dashour. He has discovered that the mud of which they were made contained not only a quantity of animal and vegetable matter, but also fragments of many manufactured substances, leading to the conclusion that Egypt enjoyed a high degree of civilization upward of 5000 years ago.

Army and Navy News.

NAVY.

List of changes in the Medical Corps of the U. S. Navy during the week ending Jan. 19, 1867:

Surgeon E. T. Maccoun, detached from the U. S. S. "Susquehanna," and placed on waiting orders.

Surgeon J. D. Miller, detached from the "Rhode Island," and ordered to the U. S. S. "Susquehanna."

Ass't-Surgeon G. B. Le Comte, detached from the "Rhode Island," and ordered to the Receiving Ship "Constellation."

Passed Ass't-Surgeon Edw'd M. Stein, ordered to duty at Naval Rendezvous, Boston.

MARRIED.

BUTCHER—O'BRIEN.—On the 16th inst., by the Rev. Samuel Durborow, Benjamin F. Butcher, M. D., and Miss Lillie R. O'Brien, all of this city.

FORTINER—HAINES.—On Jan. 17th, 1867, by the Rev. P. L. Davies, at the residence of the bride's father, Dr. A. C. Haines, Columbus, Burlington co., N. J., Mr. George R. Fortiner and Miss Ida F. Haines.

HUNTER—McCLAIN.—Dec. 25th, by the Rev. J. H. Mathers, Dr. R. J. Hunter, and Miss S. A. McClain, both of Fulton co., Pa.

LONG—BANKS.—On Tuesday, Jan. 8th, in Christ Church, Chicago, by the rector, the Rev. Charles Edward Cheney, John C. Long and M. Clara Banks, daughter of Dr. James N. Banks, both of that city.

DIED.

COOK.—On Thursday, the 17th inst., in Jersey City, Dr. Chas. Cook, aged 43 years.

SMITH.—At his residence, No. 30 East Twentieth st., New York, on the 16th inst., David Smith, M. D., in the 57th year of his age.

WOODHULL.—In Princeton, N. J., Jan. 12th, 1867, John N. Woodhull, M. D., in the 60th year of his age.

OBITUARY.

Dr. Edward Lewis.

Died, in Jackson, Mich., on Tuesday, Jan. 1, 1867, Dr. EDWARD LEWIS, in the 71st year of his age.

The following account of Dr. Lewis is compiled from an obituary notice of him published in one of the Jackson newspapers, and from a funeral discourse preached by Rev. G. H. Coffey.

Dr. Lewis had for many years been subject to attacks of asthma, which, however, did not affect his general health sufficiently to materially interfere with the practice of his profession.

On Saturday, Dec. 29th, he visited his patients as usual, but was attacked, the next day, with a severe pain in the stomach, apparently caused by an acute congestion of that organ. This continued through the day, and left him in a comatose condition, in which he remained till his death on Tuesday morning, Jan. 1st. The Jackson Citizen says:

Dr. Lewis was born at Hampton, Washington county, N. Y., July 6th, 1796, and was, consequently, over seventy years of age. He graduated at the Castleton Vermont Medical College, in the year 1824, and practised in Benson and Fair Haven, Rutland county, Vermont, until the fall of 1836, when he removed to Concord, in this county. He remained there until August, 1843, at which time he removed to this city, where he has ever since resided. As a physician, he ranked among the first in the State, and always had a very extensive practice. He was ever a welcome visitor to the sick-room, and none knew better than he how to comfort and solace those who were suffering from disease. He was not only a very skillful physician, but his patients always felt that they had a careful, courteous, and considerate friend. His kindness and warm sympathy, extending through so many years of active practice, are interwoven, like a thread of gold, in the joys and sorrows of nearly every household of the city.

It is unnecessary to dwell upon the life and character of the deceased. No man in the county was better known. His name, in this city particularly, was a household word. None knew but to respect and love him, and all will weep at his departure from among us. A wife, two sons and two daughters, and many relatives and intimate friends are left to mourn his loss, and in their deep sorrow over the mournful event they have the heartfelt sympathies of the entire community.

Dr. Lewis was no less eminent as a Christian than as a physician, having long been connected with, and an officer in the Church of Christ. He leaves a wife and four children. One son is a physician. A sister, residing in another town in the same county, died but three days before him.

In the death of Dr. Lewis, the medical profession has lost a valued and honored member, who, however, has trained up a son to follow in his footsteps. Dr. Lewis was for many years a subscriber to this journal, and but a few days before his death, his subscription for the current year was renewed.

Dr. Thomas G. Reed.

Dr. THOMAS GRANT REED, of Woodstown, N. J., died in that place about the 14th of September last. He was a graduate of the University of Pennsylvania, and a young man of excellent moral and religious qualities, and of great promise in his profession. One says of him:

His zeal in his profession, and his devotion to suffering humanity consumed him, and his name is now added to the long list of youthful martyrs to the medical profession.

ANSWERS TO CORRESPONDENTS.

Dr. L. T. H., Oakalla, Ill.—History of the American Medical Association sent by mail, 17th inst.

Dr. C. H., Thompson, Conn.—Brinton on Stomach, Flint's Practice, sent by Express, 17th inst.

Dr. B. M., Strasburg, Pa.—Da Costa on Inhalation, sent by mail, 8th inst.

Dr. S. & S., Johnstown, Pa.—Da Costa on Inhalation, sent by mail, 8th inst.

Dr. J. S. McC., Crawfordville, Ind.—Da Costa on Inhalation, sent by mail, 8th inst.

Dr. O. W. S., Reading, Vt.—Flint's Practice, sent by mail, 17th inst.

Dr. J. N. F., Morris, Ill.—Da Costa on Inhalation, sent by mail, 9th inst.

Dr. W. P. R., New Market, Tenn.—Laurence & Moon's Ophthalmic Surgery, sent by mail, 17th inst.

Dr. J. McC., Davenport, Iowa.—Da Costa on Inhalation, sent by mail, 8th inst.

Dr. W. M. N., Puris, Ill.—Da Costa on Inhalation, sent by mail, 8th inst.

Dr. M. H. R., Danville, Ind.—Da Costa on Inhalation, sent by mail, 8th inst.

Dr. J. M. W., Wooster, Ohio.—Da Costa on Inhalation, sent by mail, 8th inst.

Dr. S. S., Katonah, N. Y.—Flint's Practice, sent by mail, 17th inst.

Dr. D. C. M., Des Moines, Iowa.—Apparatus for local anesthesia, sent through Codman & Shurtleff, Boston, 18th inst.

Dr. T. S. J., Jackson, La.—Apparatus for local anesthesia, sent through Codman & Shurtleff, Boston, 18th inst.

METEOROLOGY.

January.	7.	8.	9.	10.	11.	12.	13.
Wind.....	W.	W.	N.W.	N.E.	N.	N.W.	N.E.
Weather.....	Clear.	Clear.	Cl'dy.	Cl'dy.	Cl'dy.	Clear.	Cl'dy. Snow.
Depth Rain....							
Thermometer.							
Minimum.....	18°	16°	9°	18°	14°	8°	9°
At 8 A. M.....	30	22	23	27	27	19	17
At 12 M.....	32	27	32	32	32	26	20
At 8 P. M.....	30	28	33	32	32	27	21
Mean.....	27.50	23.25	24.25	29.75	26.25	20.	16.75
Barometer.							
At 12 M.....	29.9	29.8	29.8	29.5	29.9	30.3	30.
Germantown, Pa.							B. J. LEEDOM.

Medical Society of the State of New York.

THE Sixtieth Annual Meeting of the Medical Society of the State of New York will be held in the city of Albany, February 5th, 6th, and 7th, 1867. A full and interesting meeting is confidently expected.

WM. H. BAILEY, Secretary.

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